



# LOS ANGELES COUNTY COMMISSION ON HIV

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**Draft**

## STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

April 17, 2014

MEMBERS PRESENT	MEMBERS PRESENT ( <i>cont.</i> )	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, <i>Co-Chair</i>	Ricky Rosales	Kevin Donnelly	Jane Nachazel
Fariba Younai, DDS, <i>Co-Chair</i>	Carlos Vega-Matos, MPA		Craig Vincent-Jones, MHA
Raquel Cataldo			
<i>Dahlia Ferlito, MPH (pending)</i>			
Suzette Flynn	<b>MEMBERS ABSENT</b>		<b>DHSP STAFF</b>
Terry Goddard, MA	David Giugni		None
<i>Kimler Gutierrez (pending)</i>	Mitchell Kushner, MD, MPH		
Angélica Palmeros, MSW	Patsy Lawson/Miguel Palacios		

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Agenda, 4/17/2014
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 10/3/2013, *revised*
- 3) **PowerPoint:** Priority and Critical Populations 2009-2013, 12/4/2013
- 4) **Table:** FY 2014 Service Categories, 1/15/2014
- 5) **Table:** Department of Public Health, Division of HIV and STD Programs, Proposed RFP Timeline, DRAFT, *October 2013*
- 6) **Memorandum:** Recommendations for HIV Counseling and Testing Services Youth Linked Referral Protocol, 5/28/2009
- 7) **Table:** Standards and Best Practices, Job Competencies, 1/15/2014
- 8) **Graphic:** Contextual Characteristics, Individual Characteristics, Health Behaviors, Outcomes, 2005
- 9) **Article:** "Societal and Individual Determinants of Medical Care Utilization in the United States," *Anderson, Newman, 2005*
- 10) **Article:** "National Health Surveys and the Behavioral Model of Health Services Use," *Anderson, July 2008*
- 11) **Article:** "Revisiting the Behavioral Model and Access to Medical Care: Does it Matter?" *Anderson, March 1995*
- 12) **Article:** "The Influence of Social Determinants on Evidenced-Based Behavioral Interventions – Considerations for Implementation in Community Settings," *Anderson, Dolcini, 2010*
- 13) **Article:** "A County-Level Examination of the Relationship Between HIV and Social Determinants of Health: 40 States, 2006-2008," *Gant, Lomotey, Hall, Hu, Guo, Song, 2012*
- 14) **Article:** "Addressing Social Determinants of Health in the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis," *Dean, Fenton, 2010*
- 15) **Table:** Priorities, Planning and Allocations (PP&A) Committee Work Plan, Draft In Progress, 4/17/2014
- 16) **Standards:** Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, 2011

1. **CALL TO ORDER:** Ms. Granados called the meeting to order at 9:30 am.

2. **APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order (***Passed by Consensus***).

3. **APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the revision of the 10/3/2013 Standards and Best Practices (SBP) Committee meeting minutes, as presented (***Passed by Consensus***).

4. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

5. **COMMITTEE COMMENT, NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

6. **CO-CHAIRS' REPORT:**

A. **Community Membership:**

- Mr. Vincent-Jones noted SBP and Public Policy are the only two Committees that have chosen to include community members, i.e., members appointed directly to a Committee, but not to the Commission. Committees can include community members up to one less than quorum. Committees generally invite candidates to apply.
- Operations reviews applications to ensure they meet the Committee's guidelines. Applications then go to the Commission for approval and are forwarded to the Board for appointment.
- Dr. Mark Davis has expressed interest. Cheryl Barrit, City of Long Beach, is also probably interested and has significant experience in prevention and STDs. Anthony Gutierrez now plans case management services at a women's services agency. He also provides direct services so would meet SBP's request for a direct services voice. Mr. Gutierrez held a provider Commission seat previously, but became ineligible when between positions. He is interested in returning.
- Ms. Ferlito suggested Angelina Alamilla as a transgender representative. She transitioned early in life so is familiar with barriers, is a long-time community activist and coordinates a HRSA-funded grant to involve transgender persons in HIV care. She also sits on various bodies, e.g., the Transgender Service Provider Network, so is familiar with the process. Ms. Ferlito noted a trans man spoke about his distinct issues at the Commission so suggested a trans man as well.
- Mr. Vincent-Jones reviewed SBP membership criteria per the policy which includes at least one each of the following:
  - Physician with specialized HIV primary care experience (minimum met by Dr. Kushner);
  - HIV clinician experienced with substance abuse services (Anthony Gutierrez would meet that criterion);
  - Dentist specializing in HIV care (minimum met by Dr. Younai);
  - Nurse, Registered Nurse, or Practitioner or Physician Assistant specializing in HIV care (Jenny O'Malley, RN, BSN has offered to meet this need as a secondary committee assignment);
  - HIV specialty social worker;
  - Attorney who is employed in HIV legal services;
  - Clinician with extensive HIV research experience who has been involved in clinical trials.
- Committees may invite or accept unsolicited community member applications from candidates who reflect the identified professional arenas and fields when Commissioners and Alternates do not represent a category.
- He noted a major gap is legal services. Mr. Gutierrez suggested Ayako Myashita as a possible legal representative. She previously worked on HIV legal cases and is now at the UCLA Law School. He offered to explore the option with her. Mr. Vincent-Jones noted three people were already identified so he could take time in discussing the option with her.
- He added the Transgender Caucus only has five people, but has developed an extensive work plan. One initiative is to review addressing transgender needs in all the prevention and care Standards of Care. The Caucus also noted the Harry Benjamin Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7.
- He felt it unnecessary to add a transgender person to the list of criteria as Commission members will come if asked.
- Dr. Younai said many transgender issues were addressed in standards, e.g., Hormone Replacement Therapy (HRT) in the Medical Outpatient Standards of Care. Mr. Vincent-Jones replied some medical issues such as HRT are covered by Ryan White, Medi-Cal and Covered California, but LA Care was uninformed when issues were discussed at the Caucus.
- Dr. Younai asked about transgender cancer screening. Mr. Vincent-Jones replied that is part of the overall subject. The LA Care representative acknowledged that a physician must be aware of transgender needs to provide appropriate care. Another concern is that most pharmaceuticals must be compounded to meet the specific needs of each patient. LA Care is more pro-active than Health Net, the other Medi-Cal provider, which raises a consistency issue.
- Ms. Flynn recommended youth representation in light of the Commission's Youth Colloquium.
- ➡ Mr. Vincent-Jones will contact Dr. Davis, Ms. Barrit and Mr. Gutierrez to invite them to apply by the May meeting.
- ➡ Staff will post the final policy and application on the website for SBP review. Membership guidelines are in the policy.
- ➡ The Harry Benjamin Standards of Care were in the packet for familiarization and will be agendized for review in May.

7. **EXPANDING THE COMMITTEE'S CONTENT SCOPE:**

A. **Integrating HIV Prevention and Care:**

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- Mr. Vega-Matos said the Prevention Planning Committee adopted a series of competencies over time for various Health Education/Risk Reduction, testing and population standards. They were incorporated in the Prevention Plans.
- Mr. Rosales added, while not as inclusive as standards per se, recommendations were similar to standards and were incorporated in contracts and programs. Several were presented to the Commission for review.
- Mr. Vincent-Jones noted currently the Commission refers to prevention as a particular type of service. He felt the first task was to identify prevention in various standards and distinguish prevention overall from interventions or particular models of prevention. Then SBP can consider what prevention services should be incorporated in care and vice versa.
- The goal is to create one Continuum of HIV Services. The Commission's Standards of Care are a building block in that Continuum so that eventually prevention and care will be fully integrated rather than considered separately.
- Mr. Vega-Matos said Prevention for Positives includes an entire set of activities that should be included in the context of a medical visit and in the context of Medical Care Coordination (MCC). There are, however, patients not receiving care at medical home clinics and who are classified as self-managed under MCC. Other PLWH may be out of care.
- Ms. Ferlito noted Friends Research Institute's target population is often in and out of jail. They may come with just a trash bag of items from their release and seek supplemental items, e.g., hygiene products, food or clothing. That opens a window to engage those who are HIV+ in care. She suggested a standard for such engagement.
- Mr. Vega-Matos replied that kind of engagement is primarily to bring the person into care and possibly offer some harm reduction. The person may have insurance other than Ryan White that may not cover some needed interventions, but most Ryan White clinics will accept patients without a payer source. The Commission and the Priorities, Planning and Allocations (PP&A) Committee are addressing how to fund those services.
- Ms. Palmeros saw a gap in case management and MCC services developing from ACA implementation. Clients must meet insurance eligibility requirements for needed services and many do not want to engage with referred services.
- Benefits Specialty was developed to address all levels of needed services, e.g., medical care, housing, mental health and substance abuse. That breaks down barriers, but sustainability has become an issue. Benefits are evolving from in-house provision to referral, but staff lack training and capacity as case loads increase. Standards could help.
- Dr. Younai said change is too fast for providers to adapt. Mr. Vega-Matos replied there are multiple aspects to provision of benefits navigation. Clinics have always had to have financial screeners, but it was simpler when the basic payer sources were Medi-Cal and Ryan White. Screening is required every six months, even apart from Ryan White, for services such as clinical services, mental health and substance abuse.
- That screening does not address other services such as housing. Benefits Specialty was created to address more complex situations requiring a broader range of services. Eventually ADAP became part of that though that was not the original intent. Now a larger conversation is needed to address STD and prevention services.
- Dr. Younai suggested a decision tree to assist in developing a path to determine needed services. Ms. Flynn said she was unsure of how the various systems interact in light of Ryan White as payer of last resort.
- Mr. Vincent-Jones noted the Commission had discussed various approaches to developing a schematic of interactions, e.g., how various County departments interact or on system eligibility overall for various populations. The Commission will probably need to develop some patient composites to identify available services for various populations and their costs. PP&A will need to use them for Priority- and Allocation-Setting, but SBP could help define them.
- Dr. Younai said it was necessary to define prevention services before determining how they can be funded. Mr. Vega-Matos noted definitions may differ among systems, e.g., Medi-Cal pays for care coordination, but it basically pertains to specialist referrals versus Ryan White's MCC which addresses a broad range of services.
- Dr. Younai said standards were developed to identify the ideal minimum of services, but Ms. Cataldo noted Benefits Specialty is evolving and agencies are stressed. There is particular concern regarding limits on Medi-Cal mental health services and the high share-of-cost that is pushing many clients out of services.
- Mr. Vega-Matos replied Ryan White can provide additional mental health visits beyond the Medi-Cal cap if warranted. There are also options at Federally Qualified Health Centers depending on the acuity level of a patient.
- Ms. Palmeros said the goal should be to identify best practices to drive services. Mr. Rosales noted there is no guarantee that a person with insurance will receive appropriate care.
- Mr. Vincent-Jones said much of this discussion pertains to a work plan so that might be a suitable place to start.
- ➡ Staff will provide the most recent Prevention Plan for review at the May meeting.
- ➡ Add consideration of Counseling and Testing on the care side to identify included prevention services.
- ➡ Mr. Vega-Matos will develop eligibility information for the undocumented population.

**B. Including STD Prevention, Control and Treatment:** There was no additional discussion.

**8. SBP COMMITTEE 2014 WORK PLAN:**

- Mr. Vincent-Jones noted the articles on social determinants in the packet and the folders provided so SBP members can maintain them for reference. Operations is using binders for policies/procedures. He suggested binders for standards. Staff can provide them electronically, but binders allow documents to be replaced as they are updated to ensure a current copy.
- ➡ Include only the final copies of Standards of Care (SOCs) for reference.
- ➡ Consider providing both a binder and a flash drive.
- ➡ Mr. Vincent-Jones will email a list of the current SOCs to SBP members.

**A. Committee Work Priorities:**

- Mr. Vincent-Jones used the PP&A Work Plan in the packet as a format in developing the new SBP Work Plan categories.
- All Commission work plans begin with ongoing monthly activities, e.g., meetings. The second section reflects each body's unique activities such as standards for SBP. The plans have been streamlined from previous iterations.
- SBP's activities include developing and presenting the Population-Specific Guidelines format; finalization of the social determinants of health framework; Continuum of HIV Services work including the conceptual diagram, incorporation of social determinants and a description for publication; development of a schematic of resources; and a decision-tree.
- SOCs have been defined on the care side. Prevention services need to be similarly defined and a determination made on which require separate standards versus incorporation into existing standards. The format may need to be revised to ensure it is uniform across standards.
- The original 32 care standards were consolidated into 17, but some work remains as well as development of Linkage to Care and revision of Medical Outpatient/Specialty via the Medical Advisory Committee and of Oral Health Care via the Oral Health Advisory Group. Streamlined standards iterations need to be developed for dissemination to health plans.
- An epidemiologist and research analyst is being hired who will facilitate Evaluation of Service Effectiveness work.
- Mr. Vega-Matos noted Dr. Martinez, HRSA oral health technical assistance expert, will present on his findings to date at the next Oral Health Advisory Committee. HRSA just approved the second phase of oral health technical assistance.
- Mr. Vincent-Jones said the Comprehensive HIV Plan uses the term "Continuum of HIV Services." The Commission uses that term, but others are common, e.g., "Continuum," "Continuum of Care," and "Continuum of Care and Prevention." The national iteration is the "HIV Care Continuum" so an option could be "HIV Continuum of Care and Services."
- "Standards of Care" is a term of art, but could be expanded to "Standards of Care and Prevention Services, if desired.
- The first SOC activity is development of a list of allowable services and interventions for care and prevention. PP&A is starting allocations so will need the list by June. It should include housing. STDs will be addressed next year.
- Mr. Goddard asked about development of prevention performance metrics since they will be needed to sell standards to other health plans. Mr. Vincent-Jones replied that was a long-term goal, but would require excessive work now. Standards now use service units. Mr. Vega-Matos noted contracts include performance measures and outcomes.
- Mr. Vincent-Jones suggested starting with immediate needs, i.e., defining all funded prevention activities. Prevention allocations have already been set so there can only be modifications within the allocations for the next 18 months.
- ➡ Initiate Prevention Definitions Work Group to develop and define a list of activities/interventions including review of CDC material. Members are: Ms. Ferlito, Ms. Granados, Mr. Gutierrez, Ms. Palmeros, Mr. Rosales and one DHSP staff each from care and prevention. Staff will coordinate a meeting in time for the Work Group to present a draft at the May SBP meeting for discussion and review.

**B. Scheduling and Timeline(s):**

- Mr. Vincent-Jones recommended a plan to address all prevention and care standards, as needed, by the end of 2014. Some standards will need to be developed while others need revisions ranging from minor to extensive. A schedule to address the standards should be coordinated with DHSP's RFP schedule so the standards can inform the RFPs.
- Mr. Vega-Matos said the DHSP RFP schedule in the packet was outdated. They are working on RFPs to understand young MSM of color clinically. They are also working on behavioral health as it relates to substance abuse and mental health care services for PLWH. Behavioral health prevention issues are addressed separately. DHSP considers behavioral health an intervention, but Ms. Granados felt the Commission should address it as a standard.
- Mr. Vega-Matos noted many prevention activities may be included under various ACA health plans, but there is a lack of understanding about how they interact with other services. Patient composites will differ depending on the patient's

status, the various service components and payer sources. Mr. Vincent-Jones said PP&A will need to review patient composites because the costs they are estimating will differ depending on the payer source.

- Mr. Vega-Matos said costs are estimates based on the type of service. There are also different consumer and provider lenses, e.g., Denta-Cal will pay a certain amount for a metal filling, but Ryan White has a higher standard of care.
- Mr. Vincent-Jones said the system mapping perspective will help identify interventions for acceptable outcomes.
- ➡ Add Benefits Support to list of SOC prioritized for development.
- ➡ Continuum of HIV Services tasks are: finalize conceptual diagram, create a schematic of service availability based on patient composites by September 2014, and design a decision tree.
- ➡ Medical Outpatient/Specialty (MO/S) will be addressed at the Medical Advisory Committee meeting on 4/18/2014.
- ➡ Oral Health Care will be addressed at the Oral Health Advisory Group (OHAG) meeting in mid-May. Messrs. Vincent-Jones and Vega-Matos will attend. OHAG is currently working on the standard which should be completed by the end of summer. An Expert Review Panel including consumers can be held to review the standard in July or August.
- ➡ Mr. Vega-Matos will discuss the RFP schedule with DHSP staff. The full schedule is not expected until December 2014, but Mr. Vega-Matos will inform SBP on progress so the most current information can be used to develop the SOC development and revision timeline by September 2014. MO/S and Oral Health SOCs should be done by then.
- ➡ Once additional DHSP information is available, a work group will develop the SOC timeline.
- ➡ Modify systems mapping to measure cost and feasibility.
- ➡ Prepare SOCs for dissemination to health plans.

**9. SOCIAL DETERMINANTS FRAMEWORK:**

**A. Finalizing the Final Framework/Model:**

- ➡ Professor Anderson will join SBP's May meeting to discuss social determinants. He requested questions in advance. Mr. Vincent-Jones will finalize the diagram and email it to SBP members so they can respond with their questions.

**10. NEXT STEPS:** There was no additional discussion.

**11. ANNOUNCEMENTS:** There were no announcements.

**12. ADJOURNMENT:** The meeting adjourned at 12:00 noon.